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(Req	uestor's Name)	
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SECRETARY OF STATE

# COVER LETTER.

Registration Section
Division of Corporations

SUBJECT: ATEEQ DESIGN STUDIO LLC
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Gilbert Atick
Name of Person
ATEEQ DESIGN STUDIO LLC
Firm/Company
7231 S.W. 123 Place
Address
Miami, FL 33183
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Gilbert Atick at ( 786 ) 546-1251
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
125.00 Filing Fee \$\bigs\tag{\text{\$130.00 Filing Fee & Certificate of Status}}\$\bigs\tag{\text{\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}}\$\bigs\tag{\text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)}}\$
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

### ATEEQ DESIGN STUDIO LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### **ARTICLE II - Address:**

**Principal Office Address:** 

The mailing address and street address of the principal office of the Limited Liability Company is:

**Mailing Address:** 

7231 SW 123 Place Miami, Fl 33183	7231 SW 123 Place Miami, FL 33183		
	Agent, Registered Office, & Registered Agent's Signature serve as its own Registered Agent. You must designate an individual or ano egistration.)		
The name and the Florida stre	et address of the registered agent are:	₹ 75	
Gilbert F	Fuad Jean Pierre Atick	2	
	Name	. (0)	<u>n</u> .
7231 9	SW 123 Place	<sub>ξ</sub> ω 3. Σ>	
<del></del>	Florida street address (P.O. Box NOT acceptable)		0
Miami	<sub>FL</sub> 33183	ຸ ໄດ້	
	City, State, and Zip	ri 🗪	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

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(Use attachment if necessary)  CLE V: Effective date, if other than the date of effective date is listed, the date must be specific to the specific date of the specific date is listed.	7231 SW 123 Place Miami, FL 33183  of filing: (OPTIC	
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Signature of a manhan and	nauthorized representative of a member.	
Signature of a member of an	a authorized representative of a member.	=
constitutes an affirmation under the pe	), Florida Statutes, the execution of this document- enalties of perjury that the facts stated herein are true submitted in a document to the Department of State	<b>60</b>
	ovided for in s.817.155, F.S.)	
Gilbert Fuad Jean		

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)